

UTAH LIFE AND ANNUITY  
REQUEST FOR DISCRETIONARY GROUP AUTHORIZATION  
Utah Code Annotated (U.C.A.) 31A-22-509

**INSURER NAME** \_\_\_\_\_ **NAIC#** \_\_\_\_\_ **Domicile** \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

**Answer all questions in detail. Complete a separate form for each group.**

**1. GROUP INFORMATION:**

Describe the Group: \_\_\_\_\_  
Policyholder Name: \_\_\_\_\_  
Group Name: \_\_\_\_\_  
Date group was formed: \_\_\_\_/\_\_\_\_/\_\_\_\_ By whom: \_\_\_\_\_  
What is the purpose of group? \_\_\_\_\_  
\_\_\_\_\_  
What is the purpose of the insurance? \_\_\_\_\_  
\_\_\_\_\_  
Qualifications for membership: \_\_\_\_\_  
Is the group composed of other groups or other unrelated persons: \_\_\_\_\_  
Explain and list all other groups and/or unrelated persons: \_\_\_\_\_  
\_\_\_\_\_  
Who owns the funds? \_\_\_\_\_  
Who will be the beneficiary: \_\_\_\_\_  
If the policy terminates or the insured leaves the group, what happens to the insurance of the individual insured: \_\_\_\_\_  
\_\_\_\_\_

**2. TRUST INFORMATION:**

Is a TRUST involved: \_\_\_\_\_ Yes \_\_\_\_\_ No Trust Domicile: \_\_\_\_\_  
If yes, what is the name of the trust: \_\_\_\_\_  
Date trust was formed: \_\_\_\_/\_\_\_\_/\_\_\_\_ By whom: \_\_\_\_\_  
Trustee Name: \_\_\_\_\_  
Trustor Name: \_\_\_\_\_  
Trust Administrator Name: \_\_\_\_\_  
Who is eligible to be participants in the trust: \_\_\_\_\_  
What is the function or purpose of the trust: \_\_\_\_\_  
\_\_\_\_\_

**3. ANNUITY CONTRACTS:**

Are the funds allocated or unallocated? \_\_\_\_\_  
Describe who owns the funds \_\_\_\_\_  
Are premium tax-qualified? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

**4. BILLING, COLLECTION & PAYMENT OF PREMIUMS: Mark all applicable**

\_\_\_\_\_ Premiums paid by the Policyholder from it own funds or from funds contributed by insured.  
\_\_\_\_\_ Payroll Deduction.  
\_\_\_\_\_ Deductions from a Depository Account  
\_\_\_\_\_ Automatic charges to a credit card or open charge account.  
\_\_\_\_\_ Trust Administrator collects premiums and forwards to insurer.  
\_\_\_\_\_ Billed Individually.  
\_\_\_\_\_ Other \_\_\_\_\_

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**5. MARKETING:**

Type of insurances to be marketed: \_\_\_\_\_

Identify all organizations and individuals involved in marketing and describe their functions: \_\_\_\_\_

Where do the leads for marketing or enrolling group members originate: \_\_\_\_\_

Will the certificates be marketed individually? \_\_\_\_\_

How is the marketing and/or enrolling done: \_\_\_\_\_

Who performs the marketing or enrolling of the group:

\_\_\_\_\_ Employees of the insurer. (Unlicensed telemarketers may not market the insurance.)

\_\_\_\_\_ Enrolled by policyholder where the individual is a member of the group.

\_\_\_\_\_ Mass solicitation (i.e. direct mail or internet)

\_\_\_\_\_ Solicited individually by producers licensed in Utah.

\_\_\_\_\_ Other \_\_\_\_\_

**6. DOCUMENTS TO BE SUBMITTED:**

\_\_\_\_\_ Cover letter and a self addressed stamped envelope

\_\_\_\_\_ Complete copy of trust agreement, bylaws, and/or articles of incorporation.

\_\_\_\_\_ Certification signed by a qualified actuary that states the proposed group is actuarially sound.

\_\_\_\_\_ Additional materials may be submitted to further describe the group.

\_\_\_\_\_ Other \_\_\_\_\_

**7. CERTIFICATION:** Initial each item

\_\_\_\_\_ Formation of the proposed group results in economies of scale in administrative, marketing and brokerage costs; and the life insurance or annuity policy, certificate or other indicia of coverage that will be offered to the proposed group is substantially equivalent to policies that are otherwise available to similar groups.

\_\_\_\_\_ BY COMPLETING THIS FORM, THE COMPANY CERTIFIES THAT THE MARKETING WILL BE LIMITED TO THE GROUP IDENTIFIED HEREIN. IF YOU MARKET THE PRODUCT TO OTHER GROUPS, A NEW QUESTIONNAIRE MUST BE SUBMITTED TO THE DEPARTMENT.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Original Signature

\_\_\_\_\_  
Date

PURSUANT TO U.C.A. 31A-22-509, DISCRETIONARY GROUP AUTHORIZATION MUST BE OBTAINED PRIOR TO FILING ANY FORMS.

For general questions contact Sandra Christensen, (801) 538-3863 or [schristensen@utah.gov](mailto:schristensen@utah.gov).